

understanding



hypomania
and
mania

Understanding hypomania and mania

This booklet describes the symptoms of hypomania and mania, including possible causes, treatment and support. It includes tips for helping yourself, plus advice for friends and family.

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What are hypomania and mania?

Hypomania and mania are periods of over-active and excited behaviour that have a significant impact on your day-to-day life.

- Hypomania is a milder version of mania that lasts for a short period (a few days)
- Mania is a more severe form that lasts for a longer period (a week or more).

They can be experienced as part of a mood disorder – such as bipolar disorder, seasonal affective disorder, postpartum psychosis or schizoaffective disorder – or as a diagnosis on their own.

Some people find hypomania and mania enjoyable, whereas for other people it is a very uncomfortable, distressing and unpleasant experience.

●● *I love being hypomanic because I feel as though I'm on top of the world and can and will do anything I want, but I hate it because I feel so disconnected from everyone else.* ●●

●● *Everything is extremely bright and loud and everything inside my head is moving extremely fast. I'm irritated with everyone because no-one talks or does things as fast as I do. It's amazing but horrible at the same time... it's like I'm in my own amazing colourful world but everyone else is still stuck in the normal dull grey one.* ●●

Hypomania

Hypomania lasts for a few days, and is less severe than mania. It can still have a disruptive effect on your life and people may notice a change in your mood and behaviour. But you will usually be able to continue with your daily activities without these being too badly affected.

Symptoms of hypomania can include:

How you might feel	How you might behave
<ul style="list-style-type: none"> • happy, euphoric, with a sense of wellbeing • lots of energy • sociable • racing thoughts • creative and full of ideas and plans • like you can perform tasks better and more quickly than normal • impatient, irritable or angry • confident, with high self-esteem • attractive, flirtatious and/or with more sexual desire • restless, on edge and having difficulty relaxing • heightened senses – colours may seem brighter, sounds louder and things more beautiful 	<ul style="list-style-type: none"> • more active than usual • taking risks • very friendly • very talkative or writing a lot • sleeping very little • signing up for and taking part in lots of activities • taking on extra responsibilities • wearing colourful and/or extravagant clothes • making lots of jokes and puns • finding it hard to stay still - moving around a lot or fidgeting

Mania

Mania lasts for a week or more and has a severe negative impact on your ability to do your usual day-to-day activities – often disrupting or stopping these completely. Severe mania is very serious, and often needs to be treated in hospital.

Symptoms of mania can include any of the symptoms of hypomania listed above, and can also include:

How you might feel	How you might behave
<ul style="list-style-type: none">• uncontrollably excited, like you can't get your words out fast enough• racing and jumbled thoughts• like you are special and understand things other people can't• believing you are invincible or have special powers• very easily distracted and unable to concentrate• loss of insight – not understanding that your behaviour is unusual or that it could cause problems• delusions and paranoia – thoughts that other people don't understand or share• seeing things, hearing things or feeling things that other people don't (see our 'Psychosis' resources).	<ul style="list-style-type: none">• talking a lot and very quickly – to the point that others may not be able to understand or interrupt• jumping quickly between unrelated topics, or saying things that don't make sense to other people• being rude, angry or aggressive• doing or saying things that are inappropriate and out of character• losing social inhibitions• forgetting to look after yourself – forgetting to eat or drink, for example• misusing drugs or alcohol• taking serious risks with your safety• spending money excessively and inappropriately.

●● *My speech started getting really fast... I became aggressive and thought that I could solve the world's problems by myself. I didn't sleep, hardly ate or drank and had so much energy that I would pace around the room.* ●●

After an episode

After a hypomanic or manic episode, you might:

- feel very unhappy or ashamed about how you behaved
- have made commitments or taken on responsibilities that now feel unmanageable
- have only a few clear memories of what happened while you were manic, or none at all
- feel very tired and need a lot of sleep and rest
- if you experience hypomania or mania as part of another mental health problem, such as bipolar disorder or schizoaffective disorder, you may find that the episode is followed by a period of depression.

●● *Then comes the inevitable crash – waking up one morning after finally sleeping for about 12 hours for the first time in a week and realising I've spent all my money, applied to study courses and for jobs I'm not even qualified for, and fallen out with everyone who tried to calm me down.* ●●

What causes hypomania and mania?

There is no single or clear-cut reason that someone may become hypomanic or manic. It is generally felt to be a combination of long-term and short-term factors, which differ from person to person.

Possible causes of hypomania or mania include:

- high levels of stress
- changes in sleep patterns or lack of sleep
- use of stimulants such as drugs or alcohol
- seasonal changes – some people are more likely to experience hypomania and mania in spring
- a significant change in your life – moving house or going through a divorce, for example
- childbirth (see postpartum psychosis)
- substance abuse
- loss or bereavement
- violence, trauma or abuse
- difficult life conditions – unemployment, poverty, social deprivation or homelessness
- as a side-effect of medication
- as a side effect of a physical illness or neurological condition
- family history – if you have a family member who experiences bipolar moods, you are more likely to experience mania or hypomania
- brain chemistry – there is some evidence to suggest that the function of the nerves in the brain could play a role, although this has not been definitively proven.

66 A typical hypomanic episode for me will begin by a night of hardly any sleep, maybe two to three hours, then the next night I probably won't sleep at all. 99

If you experience hypomania or mania as part of a wider diagnosis, such as bipolar disorder, schizoaffective disorder or as part of a postnatal illness such as postpartum psychosis, you can find out more about the causes of these conditions in our information resource for each diagnosis.

As a side effect of medication

Some medications can cause hypomania or mania as a side-effect, either while you are taking them or as a withdrawal symptom when you stop.

This includes medications for physical conditions and psychiatric medications – including some antidepressants (particularly specific serotonin reuptake inhibitors (SSRIs)).

If you start to experience hypomania or mania and have recently started or stopped taking medication, check with your doctor whether this could be the cause.

 *I had 10 years living with dysmorphia and was eventually treated with antidepressants and became flirty, flighty, promiscuous, argumentative and aggressive. When I stopped the treatment, I no longer experienced these traits.* 

As a side effect of a physical illness or neurological condition

Some physical illnesses and disorders can cause hypomania and mania, including thyroid disorders, HIV/AIDS, lupus, encephalitis and vascular disease. Neurological conditions, including dementia, Huntington's disease, brain injury, multiple sclerosis (MS), brain tumours and stroke, can also cause symptoms of hypomania and mania.

To make sure you get the correct treatment, your doctor should always check whether there might be a physical cause for your hypomania/mania before you are diagnosed.

What treatments can help?

There are a range of treatments available for hypomania and mania. You might find that you need to try a number of options, along with self-help techniques, to manage your symptoms effectively.

Before you start any treatment, your GP or psychiatrist should discuss all your options with you, and your views and preferences should be taken into account.

Seeking help

Many people do not seek help for hypomania or mania – some people find it exciting or enjoyable and do not see it as a problem, and some may not realise that their behaviour is unusual or causing problems. This can mean that sometimes people receive the wrong diagnosis and treatment, or don't get treatment when they need it.

If you are seeking help from a doctor, it's a good idea to take note of all your moods (both high and low) to make sure you get the right diagnosis and treatment. If you find it hard to recognise when you need help when you're manic or hypomanic, it can help to agree with professionals, family and friends in advance what to do if you're becoming unwell.

Physical checks

To make sure you are given the correct treatment, your doctor should carry out physical checks to make sure your mania or hypomania isn't a side effect of a physical illness or medication, including antidepressants such as SSRIs.

Talking treatments

Talking treatments will help you understand yourself better and develop strategies to deal with hypomania or mania in the future. A talking treatment is likely to be most effective when your mood is stable. (See Mind's 'Talking treatments' pages for more information).

There are no talking treatments that are specifically recommended for hypomania and mania. Depending on the severity of your symptoms, and whether you experience hypomania or mania on its own or as part of a wider diagnosis, you may be offered:

- Cognitive behavioural therapy (CBT) – a short-term, practical therapy that aims to help you identify patterns that can lead to hypomania and develop ways to change these.
- Mindfulness-based cognitive therapy (MBCT) – a therapy focused on living and paying attention to the present moment.
- Psychoeducation – a brief intervention to help you learn coping strategies, either on your own or in a group.
- Interpersonal therapy – this looks at any problems you have in communicating and interacting with other people, or relationship problems.
- Family-focused therapy – this involves working as a family to look at behavioural traits, identify risks and build communication and problem-solving skills.

Medication

If you are experiencing mania or hypomania, you will normally be offered one of these antipsychotics:

- haloperidol
- olanzapine (Zyprexa)
- quetiapine (Seroquel)
- risperidone (Risperdal).

If you experience mania or hypomania, as part of a mood disorder, you may also be offered mood stabilisers. These include:

- lithium (Camcolit, Liskonum, Priadel)
- valproate semisodium (Depakote)
- carbamazepine (Tegretol)
- lamotrigine (Lamictal).

For more information about these drugs, including side effects and what

you should know before you take them, see Mind's information on 'Antipsychotics' and 'Lithium and other mood stabilisers'.

Electroconvulsive therapy (ECT)

Very rarely, a treatment called electroconvulsive therapy (ECT) may be offered. According to NICE (National Institute for Health and Care Excellence) guidelines, this could be if:

- you're experiencing a long period of mania, and
- other treatments have not worked, or the situation is life-threatening.

If you feel like you're in this situation, your doctor should discuss this option with you in a clear and accessible way before you make any decisions. See Mind's 'ECT' resource for more information.

Community-based support

If you experience hypomania or mania regularly, and it has a significant impact on your ability to carry out daily activities, you may be referred for community-based support.

This could include:

- health services, such as support from a Community Mental Health Team (CMHT) or Community Mental Health Nurse (CMHN); Mind's 'Community care and aftercare' pages have further details
- social support, such as support from a social worker or help with practical day-to-day tasks.

 *I now have a care co-ordinator and have been stable for a few months.* 

Crisis services

If you start to feel very unwell, or if an episode of mania is lasting for a long time and your regular treatment isn't working, you may need to access crisis services to help you get through it. This may include:

- emergency support, such as going to A&E
- getting support from a crisis resolution and home treatment (CRHT) team
- hospital admission.

See Mind's pages on 'Crisis services' for more detailed information about your options in a crisis.

How can I help myself?

There are lots of strategies that can help you to manage your moods, and reduce the unwanted effects of mania or hypomania. Using these strategies does not mean that you need to handle everything on your own – they are often used in combination with other treatments and support from friends, family and professionals.

Learn more about your condition

Learning more about your condition can help you be more involved in your care and feel more in control. This could include finding out more about:

- your condition and diagnosis
- possible treatment options
- benefits, services and support available to you and how to access them
- other people's experiences and what helps them – see Mind's blogs on our website and Mind's 'Mental health selfies' on YouTube.

If you're looking for information online, make sure you use reputable websites and know how to stay safe.

Monitor your moods

Monitoring your moods will help you understand more about yourself and your mood patterns, and to recognise changes which can be difficult to spot otherwise. Many people use mood diaries to do this (see 'Useful contacts' on p.22 for templates and apps). For example:

Day	Stress (1-10)	Mood (1-10)	Energy (1-10)	Sleep (hours)	Comments
Mon	4	5	5	7	Relaxed day at work, nice lunch with colleague
Tues	7	7	7	6	Busy day, stayed late at work, went to pub
Weds	6	8	8	5	Really excited about things and think I achieved a lot today. But my sister said I don't seem to be concentrating

Learn to recognise triggers and warning signs

If you can spot the triggers and warning signs of an episode, it can help you recognise when you are becoming unwell. Triggers and warning signs can be very personal, so it may take a little while to work out what yours are. It might help to write this down so you can refer to it if you think you might be becoming unwell. For example:

Triggers	Warning signs
<ul style="list-style-type: none"> • not sleeping properly or missing a night's sleep • stress at work • being really busy with activities and hobbies • being away a lot at weekends or not having enough downtime to relax • drinking too much caffeine or alcohol • skipping meals 	<ul style="list-style-type: none"> • staying up until early hours of the morning, and finding it hard to stop activities and go to bed • being more chatty than usual and wanting to be with other people all the time • buying lots of new clothes and wanting to wear quite loud outfits I wouldn't normally • spending a lot of time on social media • feeling impatient with people, like they can't keep up with me.

● ● I believed (all the time) that I was always right and everyone else was always wrong. I was bubbly and my confidence was really high. At work I would complete tasks simultaneously and felt that the work was way beneath me. I also started spending a lot and would spend almost all my wage. ● ●

Make a self-management plan

When you are well, make a plan for what you can do if you start getting hypomanic or manic, to manage your symptoms and prevent things getting worse.

For example:

- make yourself go to bed, even if you don't feel tired
- avoid alcohol, caffeine and other stimulants
- avoid stimulating activities
- avoid noisy, bright or busy environments and go somewhere quiet and calm
- do activities you find calming or soothing
- do relaxation or deep breathing exercises
- avoid making big purchases – you might want to ask someone you trust to help you manage your finances while you are hypomanic or manic
- postpone making major life decisions
- avoid situations where you may take part in risky behaviour, such as driving irresponsibly or taking drugs.

You might need to try a few things to find out what works for you. Bipolar UK has information and templates to help you create a self-management plan (see 'Useful contacts' on p.22).

Have a daily routine

Having a regular routine and looking after yourself can help you stay well and prevent hypomanic or manic episodes. It will also make it easier to spot changes in your mood or behaviour, and to notice if you are becoming hypomanic or manic.

- Get good sleep. Try to go to bed and get up at similar times each day. Make sure you have a calm space to sleep, and try to minimise stimulating activities before bed (see the Mind resource 'Sleep problems – tips').

- Do some physical activity. Exercise can help you feel better and help you sleep at night. But be careful not to do too much, or too close to your bedtime, as this can become a trigger (see Mind's resource 'Physical activity, sport and exercise').
- Try to eat well and keep to regular mealtimes (see Mind's 'Food and mood' resource).
- Keep stress to a minimum. Try to reduce and manage stress as much as possible (see Mind's resource 'Stress'). Balance stimulating or stressful activities with relaxing ones, and avoid taking on too many responsibilities.
- Learn to relax. Prioritise leisure time and build in calming activities so you have a chance to unwind. You may also find relaxation exercises helpful.

Involve friends and family

It can help to have conversations with trusted friends or family about your condition, how it affects you and how they can help.

For example:

- Have honest conversations while you're well about how things feel for you, and what you do and don't find helpful. For example: 'I find it frustrating that you think I'm hypomanic every time I'm happy or have a good day,' or: 'It's really helpful when you notice I haven't been sleeping much and remind me to get a good night's sleep.'
- Consider involving trusted friends or family members in your self-care planning. For example, if you're not sure what your triggers or warning signs are, you could ask if they have seen any patterns or behaviours around the times that you become unwell. If you find it difficult to spot your warning signs yourself, you could share these with someone and ask them to let you know if they see them developing. They may notice things you don't, or be able to suggest strategies that you haven't thought of.
- Share your self-care strategies and self-management plan so they understand how to recognise when you need help and what they can

do. This will also help them understand the difference between times when you feel like you can cope on your own, and times when they need to help or get you more support.

Use peer support

Sharing experiences and coping strategies with other people who also experience mental health problems can be a huge source of support (see Mind's resource 'Peer support'). This could be in a support group, where you go and meet people in person, or online.

For information about support groups in your area, contact Mind Infoline on 0300 123 3393. For online support, check out Mind's online community Elefriends or Bipolar UK's e-community, and make sure you know how to stay safe online.

Create a crisis plan

It's a good idea to create a crisis plan that explains what you would like to happen in an emergency, if you become very unwell or are unable to make decisions for yourself.

This could include:

- who to contact
- what treatments you would like to have or avoid
- at what point you would like people to consider hospital treatment as an option.

There are many different types of crisis plan. See Mind's 'Planning for a crisis' online resource for more details.

How can friends and family help?

This section is for friends and family who want to support someone they know with hypomania or mania.

Start a conversation

Have an honest conversation about your friend or family member's hypomania or mania and how it affects them. Ask them questions about their experiences and listen to what they have to say. By talking openly, you can improve your understanding of what things are like for the other person. This will also build trust so that your friend or family member feels more comfortable talking about their experiences in future and to ask for help if they need it.

Ask what you can do

If someone has experienced hypomania or mania before, they will often have an idea of what helps them and what doesn't. Ask how you can help. If they don't know, you could offer to help by exploring options together.

Offer to help with self-management

It might be helpful to work with your friend or family member to help them identify their triggers and warning signs, and to put together a self-management plan to help them manage their symptoms better. Ask questions, make suggestions and remember to listen – you may have different ideas about what is and isn't a problem. Once you have a final plan, write it down so you can both look at it if your friend or family member becomes unwell.

Try not to make assumptions

Try not to question every time your friend or family member is in a good mood. It's completely normal for everyone to have ups and downs, and it can be very frustrating if someone starts to worry every time you have a good day. Instead, look for consistent signs and patterns that they are

becoming unwell. It can help to agree what this would look like with the person beforehand, so you both agree when you think their symptoms are becoming a problem.

Let them know you're worried

If you're worried that your friend or family member is becoming unwell, try to address this with them gently. Don't criticise or accuse, and stay calm and non-confrontational. Explain that you've noticed changes in their behaviour and why it concerns you. If this has happened before, gently explain the pattern you see and why it makes you worried. If your friend or family member says they're fine, suggest that you see how things go and review the situation in a few days.

Discuss challenging behaviour

If someone is very unwell, they may behave in a difficult or challenging way and may not see their behaviour as a problem. If this happens, it's OK for you to set boundaries – for example, that you will end the conversation if someone is rude or aggressive with you, or that you won't participate in any grand ideas or schemes if you feel they will have negative consequences. Explain this calmly to your friend or family member, and try not to get into an argument.

Be supportive afterwards

If someone has been unwell, they may feel embarrassed or ashamed of their behaviour. Reassure them that you still care and that you understand this behaviour is part of their condition and isn't their fault. If your friend or family member is worried that their behaviour may have long-term effects, you could offer to help them resolve this – such as helping with a financial plan or working out how to improve relationships that have been affected.

Be an advocate

Getting the right care and support can be difficult and frustrating, particularly if you are unwell, so your friend or family member may want

you to help with this. For example, you could offer to research treatments or self-help techniques, find information about support groups in your area, or look into finding a mental health advocate (see Mind's pages on 'Advocacy' for more information).

Plan for a crisis

It's a good idea to make a crisis plan that explains what to do if someone becomes very unwell. This would include who to contact, what to do and when would be an appropriate time to consider hospital treatment. Agree this in advance, and keep a written copy.

Look after yourself

You may feel very worried about your friend or family member, but it's also important to invest some time and energy into looking after yourself. Making sure that you stay well will enable you to continue to offer them support. You can find out more about looking after yourself on Mind's pages 'How to cope as a carer' and 'Improving and maintaining your wellbeing'. You can also visit the Carers UK website (see 'Useful contacts' on p.22).

Useful contacts

Be Mindful

web: bemindful.co.uk

Explains the principles behind mindfulness, and gives details of local courses and therapists.

Bipolar UK

tel: 020 7931 6480

web: bipolaruk.org.uk

Information and support for people with bipolar disorder, hypomania or mania, and their families and friends. Online community, support groups and self-help tools including a mood scale and mood diary.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 705 4304

web: babcp.com

Can provide details of accredited therapists.

British Association for Counselling and Psychotherapy (BACP)

tel: 01455 883 300

web: itsgoodtotalk.org.uk

For practitioners in your area.

Carers UK

tel: 0808 808 7777

web: carersuk.org

Practical information and support for people who are carers.

Elefriends

web: elefriends.org.uk

A safe, supportive online community where you can listen, be heard and share your experiences with others.

Healthtalk.org

web: healthtalk.org

Information, videos and audio of people's personal experiences of hypomania and mania.

Hearing Voices Network

helpline: 0114 271 8210

web: hearing-voices.org

Local support groups and information for people who hear voices.

Improving Access to Psychological Therapies (IAPT)

web: nhs.uk/Service-Search

Use the NHS service search to find psychological therapies services near you.

Mood diaries

websites:

moodpanda.com

moodscope.com

medhelp.org/land/moodtracker

mappiness.org.uk

Some examples of mood diaries –
many more are available.

Samaritans

helpline: 116 123 (freephone)

web: samaritans.org

email: jo@samaritans.org

Freepost RSRB-KKBY-CYJK

Chris PO Box 90 90

Stirling FK8 2SA

24-hour emotional support for
anyone struggling to cope.

National Institute for Health and Care Excellence (NICE)

web: nice.org.uk

Produces guidelines about best
practice care for people with
hypomania and mania.

NHS Choices

web: nhs.uk

Health information, including info
about mental health and physical
conditions that cause mania.

Post Natal Depression & Puerperal Psychosis

web: puerperalpsychosis.org.uk

Information, support and an online
forum for people experiencing
puerperal psychosis.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind Infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

This information was written by
Celia Warin

Published by Mind 2016 © 2016
To be revised 2019

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References available on request
Mind is a registered charity No. 219830

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email: supportercare@mind.org.uk
web: mind.org.uk/donate

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(National Association for Mental Health)
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London E15 4BQ
tel: 020 8519 2122
fax: 020 8522 1725
web: mind.org.uk

Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

Mind Infoline: 0300 123 3393
info@mind.org.uk
mind.org.uk



This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org